

LEONARD BLOOM & ASSOCIATES, LLC
502 Washington Avenue, Suite 220
Towson, Maryland 21204



DOCKET NO. 21429-PA

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled AN ANTI-TRAUMA SURGICAL PLATE USED TO FIX MANDIBULAR STUMPS, the specification of which

(check one) is attached hereto,
 was filed on _____

as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
Italy	MC2001 U 000029	15 June 2001 (15/06/2001)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in The Patent and Trademark Office connected therewith:

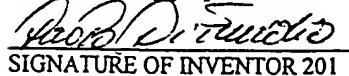
LEONARD BLOOM - Reg. No. 18,369
ROBERT M. GAMSON - Reg. No. 32,986

SAM ROSEN - Reg. No. 37,991
BENJAMIN J. GOLDFARB - Reg. No. 29,069

SEND CORRESPONDENCE TO: LEONARD BLOOM & ASSOCIATES, LLC, 502 Washington Avenue, Suite 220, Towson, MD 21204; (410) 337-2295

201	FULL NAME OF INVENTOR	FAMILY NAME DI EMIDIO	FIRST GIVEN NAME Paolo	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY CONTROGUERRA (TE)	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 64010-CONTROGUERRA (TE), Via Guglielmo Marconi, 36, Italy		
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


SIGNATURE OF INVENTOR 201

DATE 17 December 2001

SIGNATURE OF INVENTOR 202

DATE _____

SIGNATURE OF INVENTOR 203

DATE _____

SIGNATURE OF INVENTOR 204

DATE _____

SIGNATURE OF INVENTOR 205

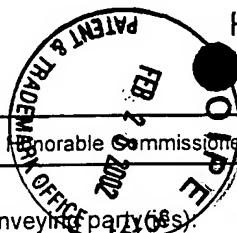
DATE _____

SIGNATURE OF INVENTOR 206

DATE _____

PATENTS ONLY

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.



1. Name of conveying party(ies):

Paolo Di Emidio

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution date: December 17, 2001

2. Name and address of receiving party(ies)

Name: PIERGIACOMI SUD - S.R.L.

Internal Address: _____

Street Address: Frazione Centobuchi

Via 81/MA Strada, 3

City: MONTEPRANDONE (AP) Country: ITALY ZIP: 63030

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application date is: December 28, 2001.

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Robert M. Gamson, Esquire

Internal Address: LEONARD BLOOM & ASSOCIATES, LLC

Street Address: 502 Washington Avenue

Suite 220

City: Towson State: MD ZIP: 21204

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 3.41).....\$ 40.00

 Enclosed Authorized to be charged to deposit account

8. Deposit account number:

02-2839

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Robert M. Gamson

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and document:

2

Mail documents to be recorded with required cover sheet information to:
 Commissioner of Patents and Trademarks, Box Assignments
 Washington, DC 20231